## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>11-18-2010</u>	Address:	Railroad access road
Case #:	<u>35-31270</u>		between Mays Rd & 241
County:	<u>Knox</u>		Decker, IN
Type of Laboratory Seizure (check one) Seizure L			check all that apply)
Chemic	ional Lab cal/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open No Structure ☐ Other: Wooded area
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)  Lithium/Ammonia Reaction(s): Wooded area			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents: Wooded area			
Water Reactive Metal (Lithium): Wooded area			
Anhydrous Ammonia: Wooded area			
Hydrochloric Acid Gas Generator(s): Wooded area			
Corrosive Acid: Wooded area			
Corrosive Base:			
Other (item and location):			
☐ Yes _ ⊠ No	er age 18 discovered (check one) (number present)  port to Child Protective Services	Ephedrin	<u>e Information</u> e/Pseudoephedrine Tracking Log erchant Tip
This report is to be faxed to the following agencies that serve the location:			
Health Dep	ent: Decker VFD  Partment: Knox Co IID  Partment: Knox Co CPS	Fax: <u>812-8</u> Fax: <u>812-8</u>	
For further	information regarding this methamph	etamine laboratory, o	ontact

Investigating Officer: <u>Trooper Ryan M. Johnson</u> Phone <u>812-867-2079</u>

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

<sup>\*\*\*</sup> This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.